

From: Catherine a Bates
Re; Warren R Bates
Case No 05-12026 Bates
Chapter 13

RECEIVED
3-9-09
MAR 11 12 11 PM '09

Sending you a copy of death certificate you requested .
Any questions please contact me, Thank you
Catherine Bates
7483 Lyons ave.
Hesperia, Ca 92345

U.S. 96-5
MAR 11

(760) 244-4913

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3200936000548

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given):		3. LAST (Family)	
WARREN		BATES	
2. MIDDLE		4. DATE OF BIRTH (month/day/year)	
REED		01/26/1943	
5. AGE (yrs)		6. SEX	
85		M	
7. DATE OF DEATH (month/day/year)			
01/21/2009			
8. HOUR (24 hours)			
1200			
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
UT		519-44-9281	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at time of death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK		MARRIED	
13. EDUCATION - Highest grade completed (see worksheet on back)		14. DECEDENT'S RACE - US to 3 races may be listed (see worksheet on back)	
HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, home construction, employment agency, etc.)	
MILITARY COMMUNICATIONS		GOVERNMENT	
17. YEARS IN OCCUPATION		18. YEARS IN INDUSTRY	
21			
19. DECEDENT'S RESIDENCE (Street and number or location)			
7483 LYONS AVENUE			
20. CITY		21. COUNTY/PROVINCE	
HESPERIA		SAN BERNARDINO	
22. ZIP CODE		23. YEARS IN COUNTY	
92345		0	
24. STATE/FOREIGN COUNTRY		25. INFORMATION'S MAILING ADDRESS (Street and number or P.O. Box, number, city or town, state, ZIP)	
CA		7483 LYONS AVENUE, HESPERIA, CA 92345	
26. NAME OF SURVIVING SPOUSE - FIRST		27. LAST (Family Name)	
CATHERINE		PATTERSON	
28. NAME OF FATHER - FIRST		29. MIDDLE	
HECTOR		GEORGE	
30. NAME OF MOTHER - FIRST		31. MIDDLE	
EDITH		IRENE	
32. LAST (Family Name)		33. SKILLMAN	
34. BIRTH STATE		35. BIRTH STATE	
ID		SD	
36. DEPOSITION DATE (month/day/year)		37. PLACE OF FINAL DISPOSITION	
01/23/2009		MEDCURE	
38. TYPE OF DISPOSITION		39. SIGNATURE OF EMBALMER	
TR/CR		NOT EMBALMED	
40. NAME OF FUNERAL ESTABLISHMENT		41. LICENSE NUMBER	
HORIZON MEMORIAL SERVICES		FD1919	
42. SIGNATURE OF LOCAL REGISTRAR		43. DATE (month/day/year)	
MAXWELL OHIKHUARE, MD		01/22/2009	
44. PLACE OF DEATH		45. IF HOSPITAL, SPECIFY ONE	
RESIDENCE - HOSPICE		<input type="checkbox"/> # <input type="checkbox"/> EMERG <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, TC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
46. COUNTY		47. CITY	
SAN BERNARDINO		HESPERIA	
48. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		49. DEATH REPORTED TO CORONER	
7483 LYONS AVENUE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
50. CAUSE OF DEATH		51. DEATH REPORTED TO CORONER	
GASTRIC CARCINOMA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
52. IMMEDIATE CAUSE (First sentence or condition resulting in death)		53. DEATH REPORTED TO CORONER	
GASTRIC CARCINOMA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
54. UNDERLYING CAUSE (Second sentence or condition resulting in death)		55. DEATH REPORTED TO CORONER	
GASTRIC CARCINOMA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
56. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 52		57. DEATH REPORTED TO CORONER	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 52 OR 56? If yes, state type of operation and date		59. DEATH REPORTED TO CORONER	
BIOPSY 06/2008		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	
60. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		61. SIGNATURE AND TITLE OF CERTIFIER	
62. DATE (month/day/year)		63. LICENSE NUMBER	
01/07/2009		20A4986	
64. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS ZIP CODE		65. DATE (month/day/year)	
JOHN RAYMOND HAWES JR. D.O.		01/22/2009	
66. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		67. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS ZIP CODE	
68. DATE (month/day/year)		69. LICENSE NUMBER	
01/07/2009		20A4986	
70. SIGNATURE OF CORONER, DEPUTY CORONER		71. DATE (month/day/year)	
MARGARET M. BEED, M.D.		01/22/2009	
72. TYPE NAME, TITLE OF CORONER, DEPUTY CORONER		73. DATE (month/day/year)	
COUNTY HEALTH OFFICER		01/22/2009	
74. PLACE OF INJURY (e.g., home, construction site, medical office, etc.)		75. TYPE NAME, TITLE OF CORONER, DEPUTY CORONER	
76. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		77. DATE (month/day/year)	
78. LOCATION OF INJURY (Street and number or location, and city and ZIP)		79. TYPE NAME, TITLE OF CORONER, DEPUTY CORONER	
79. SIGNATURE OF CORONER, DEPUTY CORONER		80. DATE (month/day/year)	
81. TYPE NAME, TITLE OF CORONER, DEPUTY CORONER		82. DATE (month/day/year)	
83. SIGNATURE OF CORONER, DEPUTY CORONER		84. DATE (month/day/year)	
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89. TYPE NAME, TITLE OF CORONER, DEPUTY CORONER		90. DATE (month/day/year)	
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325. TYPE NAME, TITLE OF CORONER, DEPUTY CORONER		326. DATE (month/day/year)	
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337. TYPE NAME, TITLE OF CORONER, DEPUTY CORONER		338. DATE (month/day/year)	
339. SIGNATURE OF CORONER, DEPUTY CORONER		340. DATE (month/day/year)	
341. TYPE NAME, TITLE OF CORONER, DEPUTY CORONER		342. DATE (month/day/year)	
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379. SIGNATURE OF CORONER, DEPUTY CORONER		380. DATE (month/day/year)	
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401. TYPE NAME, TITLE OF CORONER, DEPUTY CORONER		402. DATE (month/day/year)	
403. SIGNATURE OF CORONER, DEPUTY CORONER		404. DATE (month/day/year)	
405. TYPE NAME, TITLE OF CORONER, DEPUTY CORONER		406. DATE (month/day/year)	
407. SIGNATURE OF CORONER, DEPUTY CORONER		408. DATE (month/day/year)	
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411. SIGNATURE OF CORONER, DEPUTY CORONER		412. DATE (month/day/year)	
413. TYPE NAME, TITLE OF CORONER, DEPUTY CORONER		414. DATE (

AFFIDAVIT TO AMEND A RECORDNO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

STATE FILE NUMBER

1.1

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST WARREN		1B. MIDDLE REED		1C. LAST BATES	
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 01/21/2009		4. CITY OF EVENT HESPERIA		5. COUNTY OF EVENT SAN BERNARDINO
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD HECTOR GEORGE BATES			7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD EDITH IRENE SKILLMAN		

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

LIST ONE ITEM PER LINE	8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
	20	7483 LYONS AVENUE	7483 LYONS AVENUE
	26	CATHERINE LYONS, WIFE	CATHERINE BATES, WIFE

REASON FOR
CORRECTION

11. ERROR STREET ADDRESS, WIFES LAST NAME WRONG

AFFIDAVITS
AND
SIGNATURESTWO
PERSONS
MUST SIGN
THIS FORM TO
CORRECT A
BIRTH, DEATH,
OR FETAL
DEATH
RECORD

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

12A. SIGNATURE OF FIRST PERSON ▶ GERALD OLSSON	12B. PRINTED NAME GERALD OLSSON	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 30388 EAST HWY 58, BARSTOW, CA 92311		12E. DATE SIGNED—MM/DD/CCYY 02/09/2009
13A. SIGNATURE OF SECOND PERSON ▶ SV	13B. PRINTED NAME CATHERINE BATES	13C. TITLE/RELATIONSHIP TO PERSON IN PART I DAUGHTER
13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 7483 LYONS AVE, HESPERIA, CA 92395		13E. DATE SIGNED—MM/DD/CCYY 03/05/2009
14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR ▶		15. DATE ACCEPTED FOR REGISTRATION

STATE/LOCAL
REGISTRAR
USE ONLY